

Late-Stage Prostate Cancer Diagnosis Increases Rapidly as Mortality Declines Slow

American Cancer Society Prostate Cancer Statistics Report shows the highest mortality rates are among Black and Native American men.

September 4, 2025 By American Cancer Society

Today [September 2], the [American Cancer Society](#) (ACS) released Prostate Cancer Statistics, 2025, a report on current prostate cancer occurrence and outcomes in the United States.

According to the study, prostate cancer incidence rates have reversed from a decline of 6.4% per year during 2007 through 2014 to an increase of 3.0% annually during 2014 through 2021, with the steepest increase (4.6%-4.8% per year) for advanced-stage diagnoses. Simultaneously, mortality declines slowed from 3%-4% per year during the 1990s and 2000s to 0.6% per year over the past decade. These major findings are to be published today in the journal [CA: A Cancer Journal for Clinicians](#).

The report also shows wide disparities. Despite steep declines, mortality rates for prostate cancer are two times for Black men compared to White men, versus 67% higher incidence rates. Likewise, Native American men have 12% higher prostate cancer mortality than White men, despite 13% lower incidence.

“Our research highlighting the continued increases in prostate cancer incidence and persistent racial disparities underscores the need for redoubled efforts to understand the etiology of prostate cancer and optimize early detection,” said [Tylet Kratzer, MPH](#), associate scientist, cancer surveillance research at the American Cancer Society, and lead author of the study. “At age 50, per ACS guidelines, all men should have a conversation with their healthcare provider about the benefits and harms of screening, but Black men and those with a family history of prostate cancer should have that conversation at age 45.”

Prostate cancer is the most common cancer diagnosis among men in the U.S., accounting for 30% of male cancers in 2025, and is the second leading cancer death in men behind lung cancer. This year, ACS estimates there will be 313,780 new cases of prostate cancer and 35,770 deaths.

For the report, researchers analyzed population-based cancer incidence data through 2021 and

mortality data through 2023 collected by the National Cancer Institute and the Centers for Disease Control and Prevention.

According to study authors, distant-stage disease is increasing in men of every age, including by nearly 3% per year in those younger than 55 years and 6% per year in men 55 years and older. The five-year relative survival rate for distant-stage prostate cancer is only 38%, but approaches 100% for earlier-stage diagnoses.

Other key findings from the report include:

- American Indian and Alaska Native men are the most likely to be diagnosed with distant stage disease (12% versus 8% among White men).
- Prostate cancer mortality ranges from 36.9 deaths per 100,000 among Black men to 8.8 among Asian American and Pacific Islander men. American Indian and Alaska Native men have the second-highest mortality rates (20.6), with White (18.4) and Hispanic (15.4) men ranking 3rd and 4th among broadly defined racial and ethnic groups.
- Prostate cancer mortality varies by state, with the highest death rates in Washington D.C. (27.5 deaths per 100,000) and Mississippi (24.8 deaths per 100,000), which have a high proportion of Black residents

“Our report underscores the need to redouble efforts to optimize early diagnosis that minimizes overdetected and to also ensure those strategies reach Black and Native American communities in particular,” said [Rebecca Siegel, MPH](#), senior scientific director, cancer surveillance research at the American Cancer Society and senior author of the report. “All men should have the same opportunity to survive this common cancer.”

The American Cancer Society Cancer Action Network (ACS CAN), the advocacy affiliate of the American Cancer Society, supports the [Prostate-Specific Antigen Screening for High-risk Insured Men \(PSA Screening for HIM\) Act](#), federal legislation that would waive cost-sharing requirements such as deductibles, copayments, and coinsurance for prostate cancer screening tests for men with the highest risk of prostate cancer.

“Out-of-pocket costs such as co-pays can be a barrier to accessing early detection,” said [Lisa A. Lacasse](#), president of ACS CAN. “No one should be at a disadvantage against cancer. The PSA Screening for HIM Act will help remove a major obstacle that can prevent those at high risk for the disease from getting the screening tests they need to find prostate cancer at the earliest, most treatable stage. We urge the House and the Senate to pass this legislation to help reduce prostate cancer disparities and save more lives.”

Other ACS researchers contributing to the study include [Natalia Mazzitelli, MPH](#), [Jessica Star](#),

[MPH](#), [Dr. William Dahut](#), and [Dr. Ahmedin Jemal](#).

This [news release](#) was published by the American Cancer Society on September 2, 2025.

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